

*Nec* WILSON (J.C.)

FROM THE AUTHOR.

THE  
*CAUSES AND PREVENTION*

OF THE

Opium Habit and Kindred Affections.

J. C. WILSON, M.D.



[REPRINTED FROM THE COLLEGE AND CLINICAL RECORD,  
DECEMBER, 1888.]



THE  
CAUSES AND PREVENTION  
OF THE  
OPIUM HABIT AND KINDRED AFFECTIONS.

---

Read before the American Academy of Medicine at its Annual Meeting, November 13th, 1888.

---

BY J. C. WILSON, A. M., M. D.,  
Of Philadelphia, Pa.

---

M R. PRESIDENT AND GENTLEMEN, FELLOWS OF THE ACADEMY:—I desire to occupy your attention for a short time with the consideration of some of the causes which lead to the habitual abuse of narcotics and with some practical suggestions as to the means of preventing, or at least diminishing, the dangers of the formation of such vicious habits. The scope of my remarks does not include alcohol, though much that I shall have to say has a direct bearing upon alcoholism. It is obvious, however, that any attempt to include that subject in the discussion, even in the most cursory way, would extend my paper far beyond the limits permitted me and the bounds of your forbearance.

I shall limit my remarks, therefore, to the opium habit, including the habitual vicious abuse of this drug and its derivatives, morphia, codeia and their various pharmaceutical preparations, and certain other drugs which have of late years become familiar to the public, the principal being chloral, cannabis indica, par-

aldehyde, and cocaine. Furthermore, I shall confine myself chiefly to the consideration of opium and its preparations because they hold by an enormous preponderance the first place among these agents, and because, secondly, the general statements to be made in regard to them are in all respects applicable to the others.

There are no statistics to which we can turn for information in regard to the prevalence of these affections among the people. Attempts in this direction must in the nature of things be followed by inconclusive results. The legitimate uses to which the drugs concerned are put and the methods of their distribution for ultimate consumption are such as to nullify deductions from the gradual increase of the amounts imported or manufactured. Not less uncertain are statistics derived from the personal experience of practitioners or the reports of hospitals and private institutions for the care of patients suffering from these affections. A considerable proportion of the cases are liable to come under the observation of different physicians at various times, both in private practice and in institutions, and hence to be reckoned more than once, perhaps even several times, in the count; while a still larger number, for obvious reasons, either fail of record in medical literature or escape detection altogether. Nevertheless, the records of the Police Courts, the verdicts of coroners' juries, the reports of public and private institutions and, above all, the experience of practitioners at large testify to the enormous extent of these habits and the vast amount of suffering and sorrow to which they give rise. Further testimony is to be found in the advertisements of specifics and sure cures for the opium habit which are common in newspapers and popular journals.

The subject merits our most serious consideration, not only on account of the extent of the prevalence of these habits and the disastrous consequences which they entail upon their individual victims and society at large, but also because the medical profession is to a great extent responsible for their existence. The extent to which we are individually responsible is perhaps slight; the extent to which we are responsible as a body is enormous. We have become too familiar with the dangers of narcotics, which we thoroughly understand. Familiarity has bred, if not contempt, an easy-going indifference far more dangerous than contempt. The people, with that little knowledge which is proverbially dangerous, and doubly dangerous in medical matters, have grown familiar with narcotics without becoming aware of the risks that attend their use.

I believe that to point out the relation of the profession to the general subject of the abuse of narcotics and to make clear the part played by medical men in the causation of such habits would go far toward checking their spread. To accomplish this, the appeal must be made to the leaders of thought among us; to those who are seeking to elevate the standard of education, to exalt the aims, to strengthen the moral tone, to increase the usefulness of the medical profession and enhance its dignity in the eyes of the world. Aims such as these, which are the declared objects of this body, carry with them corresponding responsibility. To you then I present the cause I plead; not my cause alone, but the cause of the whole medical profession, and above all the cause of the innumerable unfortunates who by reason of unstable nervous organization and weakness of will, whether the result of heredity, or of acute painful disease or of chronic invalidism, have fallen, are

falling every day, into a condition of habitual dependence upon narcotics—a condition as abject and miserable, and after a time almost as hopeless as can be the lot of mankind.

The influences which lead to the habitual abuse of narcotics may be arranged under three general heads—example, suggestion and prescription.

(a) Example—From what is known to us of the miseries of the life of these people, it would seem almost incredible that any one should be led into such habits by the mere force of example, yet this has come under my personal observation on two occasions.

A Frenchman, bright, well educated, well to do and in good health, had a friend, a morphia eater. They lived upon the most intimate terms, passing their evenings together in conversation and congenial amusements. The morphia eater communicated his habit to his friend, who became a confirmed victim. Years afterward, this man, then an inmate of the Philadelphia Hospital, a pauper and utterly broken in health, told me that he attributed his habit to example in its simplest form.

There is now in my wards in the same institution a bright fellow, thirty-five years of age, a printer, who has for fourteen years consumed a daily amount of opium sometimes reaching a maximum of 100 grains, or of morphia reaching a maximum of 15 grains, and rarely falling to a minimum of one-third these quantities, who states that at the age of twenty-one years he was led to use opium for its stimulating effect from frequently observing a bookkeeper in the office in which he was employed in the act of gratifying his indulgence in this drug.

According to Jouet—whose assertions are corroborated by occasional statements in the French newspapers—the habitual injection of morphine is to-day, in France, at least, almost

a matter of fashion. Landowski states that friendship is occasionally pushed to the extent of exchanging pretty syringes in silver cases as presents, and that a patient received upon his birthday a hypodermic syringe as a gift from his sister. Zambaco, whose observations were made at Constantinople, states that among the Moslems, the opium habitués prefer the crude drug either alone or associated with certain aromatic substances, such as ambergris, canella or saffron, which are used for their aphrodisiac effect. These mixtures are prepared openly in the family and carried upon the person in the form of pills, in little boxes of gold and enamel, among the better classes. This observer further says that the ladies of wealthy families carry jeweled cases containing hypodermic syringes and artistic flacons for the seductive solution, and that they avail themselves of favorable opportunities to take an injection of morphia even when together.

(b) Suggestion—Very much more frequent and important is suggestion as a cause of these habits. The reading of De Quincey's *Confessions*, and of some parts of the autobiographical writings of Coleridge and other similar literary productions, the study of the uses and effects of narcotic drugs by students of medicine and of pharmacy, the familiar use of these drugs on the part of physicians, druggists, nurses and hospital stewards, exert a potent influence in the formation of habits of dependence upon them as stimulants.

Of the 110 cases observed by Levinstein, 47 occurred in persons belonging to the medical profession or dependent upon it; thus, 32 physicians, 8 wives of physicians, one son of a physician, 4 nurses, one midwife and one student of medicine. Among my own cases, there have been 6 physicians, one wife of a student of medicine and one dentist. Dr.

Mattison has recently collected some very interesting statistics which show a large percentage of physicians among the cases treated in institutions.

The disposition shown by small numbers of depraved individuals of both sexes to yield to the seductions of the opium smoking dens of the Chinese in the larger cities of this country must be attributed to the same cause, the suggestions of newspaper articles descriptive of this habit often inducing idle and vicious persons to try it for themselves.

(c) Prescription—Both example and suggestion may, and frequently do, give rise to the opium habit in the absence of sickness and pain. Further, these two causes play almost an insignificant part when compared with the third of the causes which I have enumerated, namely, the prescription of narcotic drugs on the part of physicians.

The responsibility of the physician to his patient becomes apparent when we reflect that in the western world, with comparatively few exceptions, the opium habit is the direct outcome of the use of the drug as a medicine. Pain holds the chief place among the influences which predispose to the formation of the opium habit. By far the greater number of cases have taken origin either in acute sickness, in which opium, administered for the relief of pain, has been prolonged into convalescence, until the habit of taking it has become confirmed, or in chronic sickness where recurring pain has called for constantly repeated and steadily increased doses of opiates. In view of the frequency and prominence of pain as a symptom of disease and the ease and efficiency with which opium and its preparations control it, the remote dangers attending the guarded therapeutic use of these preparations are indeed slight. Were this not so, the number of the victims of the opium habit would be lam-

ently greater than it is. In a considerable proportion of the cases of painful illness, the relief afforded by opiates is attended by some degree of malaise, nausea, vomiting and vertigo—symptoms which render the speedy discontinuance of the remedy scarcely less desirable than the control of the pain for which it is administered; occasionally these symptoms are so distressing as to render opium wholly inadmissible. In other instances, each successive dose is attended by an aggravation of the distress; more commonly, especially in acute illness, decreasing pain may be controlled by diminishing doses, thus rendering practicable entire discontinuance, before those modifications of the nervous system, and especially before that tolerance for large doses which constitutes the beginning of the opium habit, are established. For these reasons, the use of opiates in acute sickness, if properly regulated, is attended with but little danger.

Far different is it, however, in chronic painful illnesses. Here to procure relief by opium is too often to pave the way not only to an aggravation of existing evils, but also to others which are of a far more serious kind. Opium is at once an anodyne and a stimulant. The temptations to its use are most seductive. To the overworked and underfed wage-worker, it is a snare more tempting than alcohol and less expensive. It allays the pangs of hunger, it increases the powers of endurance, it brings forgetfulness and sleep. If there be myalgia, or rheumatism, or neuralgia, and especially the dispiriting visceral neuralgias so common among the poorer classes of work people, opium affords temporary relief.

The medical man, suffering from some painful affection, the worst symptoms of which are relieved by the hypodermic injection of morphine, falls an easy prey to the temptation to

continue it, a danger increased by the fact that he is too often obliged to work when ill or to resume work before convalescence is complete. Indeed, the self-administered daily doses of physicians sometimes reach almost incredible amounts.

To women of the higher classes, tormented with neuralgias or the vague pains of hysteria and hypochondriasis, opium brings for a time tranquillity and self-forgetfulness. There can be little doubt that among women of refinement, opium is often used as a stimulant in place of alcohol because its effects are less noticeable and degrading.

Of 100 cases collected by Jouet, the habit followed the therapeutic use of morphine in 32 cases of ataxia, 24 of sciatica and other neuralgias, 8 of asthma, 2 of dyspepsia, 4 of hypochondriasis, 2 of madness, 9 of painful tumors, 2 of prostatic inflammation, 7 of nervous conditions not specified, 1 of peritonitis, 2 of periostitis, 1 of gastro-enteralgia, 4 of pleuritic pains, 1 of contracture and one case of haemoptysis.

The habit resulted in Levinstein's 110 cases from the following causes: In 20 men and 6 women, after acute affections; in 46 men and 18 women, after chronic affections; these diseases being in each instance accompanied by great pain. One man began to use morphine as an antaphrodisiac and either to produce mental excitement simply, or to cause forgetfulness of the daily cares of life, 15 men and 5 women indulged to an uncontrollable extent. Levinstein does not, however, regard the conclusion that the abuse of narcotics is more common among men as warranted by these figures. If we include, along with opium and its pharmaceutical preparations, chloral, it is probable that in the better walks of life, where the use of alcohol is much less common among women than among men, the habitual use of

narcotics is quite as common, if, indeed, not more so, among women.

In view of the foregoing facts, it is obvious that an enormous proportion of the cases of habitual vicious narcotism are due to the amiable weakness or thoughtlessness of medical men.\* Anodynes and hypnotics are necessary; their judicious employment constitutes a part of the daily duty of practitioners in all departments of medicine. The drugs which possess these properties to the highest degree and are most available for therapeutic purposes are, at the same time, capable of producing in increasing doses those modifications of the nervous system which lead to an acquired tolerance, and of becoming with usage stimulants. They are hence, without exception, seductive and dangerous. It is, however, necessary to administer drugs of this nature in painful affections to all kinds of patients. These drugs must be administered to individuals suffering from diseases manifestly incurable, as visceral and external cancer, certain cases of advanced phthisis, confirmed saccharine diabetes and tabes dorsalis. In such cases, the use of opiates in large and repeated doses, although attended with unavoidable evils, amounts to a positive boon; it is neither practicable, nor would it be desirable to interfere with it.

A second class of chronic cases includes individuals suffering from diseases which are remediable, or at least capable of decided or prolonged amelioration. Among these affections are painful diseases curable by surgical procedures, such as certain obstinate or intractable localized neuralgias, painful neuromata, irritable cicatrices, pelvic and abdominal tumors, and surgical affections of the joints and extremities. To this class also belong certain painful affections occupying the border region between surgery and medicine. These

are floating kidney, renal and hepatic abscesses, calculus, pyelitis, impacted gall-stones and thoracic and abdominal aneurism. Here the use of narcotics is justifiable only pending or during treatment having in view the patient's temporary or permanent restoration to ease. Such drugs must therefore be used with a sparing hand, and discontinued, without the slightest show of indecision on the part of the physician, at the earliest possible moment.

There is also a large group of chronic painful affections coming properly under the care of the physician, in which it is necessary to relieve pain by the use of narcotics. This group includes curable neuralgias of superficial nerves, as trigeminal, occipital, brachial, intercostal, crural, sciatic; and visceral neuralgias, as the pain of angina, gastralgia, enteralgia and pelvic and reflex neuralgias of women. Here, also, are to be mentioned the pains of neurasthenia, hypochondriasis and hysteria. It is in this group of cases that the physician, in his attempt to relieve suffering, stands in the greatest danger of doing incalculable harm. His prescriptions enable the patient to procure too often at will the coveted means, not only of relieving physical pain, but also of counteracting mental depression. The recurrence of pain not only justifies repetitions of the dose, but the dose itself calls for its renewal from time to time in imperious tones. Out of the occasional employment of a medicine to relieve pain, comes its routine use to satisfy craving, and thus the patient's will succumbs to the iron force of habit, and a new malady, chronic, grave, secret and blasting in its effects, both upon body and mind, supplants or overshadows the old. Far less dangerous, for reasons that I have already pointed out, is the employment of narcotics in acute painful diseases.

Under ordinary circumstances, they are abandoned before convalescence sets in; it is only exceptionally, and then in individuals of neurotic constitution, that their use drifts into abuse.

Finally, I allude, purposely without dwelling upon it, to the part played by the apothecary in this matter. The question is too great to be undertaken in this paper. Nos-trums containing narcotics, and particularly opium and morphine, in proportions that occasionally produce fatal results are freely dispensed by the shops to all comers. Prescriptions calling for large amounts of opium, morphia, codeia, chloral, etc., are dispensed to the same individuals, at short intervals, over the counters of apothecaries, for months and years after the illness for which they were originally prescribed is over. Yet more, occasional cases come to light which serve to indicate the appalling frequency with which opium, its tinctures, morphine and solutions of chloral are directly sold to unauthorized individuals. If the evil thus accomplished were better understood, the paltry profit realized from such nefarious trade would rarely tempt men to the commission of the crime which these practices constitute.

We now come to the consideration of the means by which the dangers of the formation of vicious habits in regard to narcotics may be diminished. The dissemination of a wholesome knowledge of the methods by which the opium habit and kindred affections are induced, of the serious character of these affections and of the dangers attendant upon an ignorant and careless employment of narcotics, would constitute an important measure of prophylaxis. I am fully aware of the evils resulting from the publication of sensational writings relating to these subjects; notwithstanding these dangers, I am convinced that

a reasonable and temperate presentation of the facts in the popular works upon hygiene used in schools and in the family would exercise a wholesome influence in restraining the tendency to the practice of these vices. Under such influences, example and suggestion would lose much of their force; and the evils necessarily attendant upon the prescription of narcotics in medicine would also be greatly diminished.

I venture to make the practical suggestions which follow. When necessary at all, the use of narcotic drugs should be guarded with every possible precaution. In the first place, in so far as it is practicable, the patient should be kept in ignorance of the character of the anodyne used and of the dose. In the second place, the physician should personally supervise and control, in so far as is possible, the use of such drugs and the frequency of their administration, taking care that the minimum amount capable of producing the desired effect is employed. In the third place, the occasional alteration of anodyne medicaments is desirable. Fourthly, the effort—which is too often likely to be unsuccessful—should be made to prevent renewals of the prescription without the direct sanction, or, indeed, without the written order, of the physician himself. When the physician's professional relation with any given case terminates, he should see to it that the taking of narcotics, in so far as his responsibility for it goes, likewise ceases, and this in clear conscience and good faith, not to satisfy his sense of duty, but to protect his late patient. Finally, the danger of yielding to the temptation to allow a merely palliative treatment to assume too great importance in the management of painful affections must be shunned. Too often these precautions are neglected, and the patient, betrayed by a dangerous knowledge of the drug and the dose,

and tempted by the facility with which the coveted narcotic may be obtained, falls an easy victim to habitual excesses. The lowered moral tone of convalescence from severe illness and of habitual invalidism increases these dangers. Yet more reprehensible than the neglect of many physicians in this matter, is the folly of the few who do not hesitate to fully inform the patient in regard to the medicine given to relieve pain and produce sleep, and to place in his hands the means of procuring them without restriction for an indefinite period of time. Almost criminal is the course of those who intrust to the patient himself, or those attendant upon him, the hypodermic syringe. No trouble or inconvenience on the part of the physician, no reasonable expense on the part of the patient in procuring continued medical attendance, for the sake of relief from pain, can ever offset, save in cases of the final stages of hopelessly incurable painful affections, the dangers which attend self-administered hypodermic injections.

The uniform and efficient regulation of the sale of narcotic drugs by law would constitute an important prophylactic measure against habitual narcotism. Unfortunately, the existing laws relating to this subject are a dead letter; they are neither adequate to control the evil, nor is their enforcement practicable.

